

ALL FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR C-I-P APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. Section 120.

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

(list name and registration number)

JOSEPH H. HANDELMAN, 26179

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(Check the following item, if applicable)

- [] I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.
- [] Attached, as part of this declaration and power of attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).

NOTE: "Special care should be taken in continuation or divisional applications to ensure that any change of correspondence address in a prior application is reflected in the continuation or divisional application. For example, where a copy of the oath or declaration from the prior application is submitted for a continuation or divisional application filed under 37 CFR 1.53(b) and the copy of the oath or declaration from the prior application designates an old correspondence address, the Office may not recognize, in the continuation or divisional application, the change of correspondence address made during the prosecution of the prior application. Applicant is required to identify the change of correspondence address in the continuation or divisional application to ensure that communications from the Office are mailed to the current correspondence address. 37 CFR 1.63(d)(4) "Section 601.03, M.P.E.P., 7th Ed

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212-708-1887

(complete the following if applicable)

Since this filing is a [] continuation [] divisional there is attached hereto a Change of Correspondence Address so that there will be no question as to where the PTO should direct all correspondence.

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(Declaration and Power of Attornoy--page 6 of 8) 1-1

LADAS PARRY NY 212 245 8959

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SIGNATURE(S)

Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other document, NOTE: Each inventor must be identified by full name, including the family name, and at least one given name without abbreviation together with any other given name or initial, and by his/her residence, post office address and country of citizenship. 37 C.F.R. Section 1,63(a)(3). Inventors may execute separate declarations/oaths provided each declaration/oath sets forth all the inventors. NOTE: Section 1.63(a)(3) requires that a declaration/oath, inter alia, identify each inventor and prohibits the execution of separate declarations/oaths which each sets forth only the name of the executing inventor, 62 Fed. Reg. 53,131, 53,142, October 10, 1997. Full name of sole or first inventor Dr. Werner KERZENDORF (Given Name) Middle Initial or Name) Family (Or Last Name) 2001 Country of Citizenship Residence Ratigeberstraße 32. D-80997 München, Germany Post Office Address Full name of second joint inventor, if any Middle Initial or Name) (Given Name) Family (Or Last Name) Inventor's signature Country of Citizenship Rübezahlstraße 103, D-81739 München, Germany Post Office Address SAME AS ABOVE Full name of third joint inventor, if any Dr. Andreas (Given Name) (Middle Initial or Name) Family (Or Last Name) Country of Citizenship Schulstraße 13, D-80634 München, Germany Post Office Address SAME AS ABOVE

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NOTE:

Practitioner's Docket No.	<u>U 013457-4</u>
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ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY FOURTH AND SUBSEQUENT INVENTORS

Full name of fourth joint inventor, if any (Given Name) (Middle Initial or Name) Inventor's, signature Country of Citizenship ____ GERMANY Residence Elvirastraße 21, 80636 München, Germany Post Office Address _____ Full name of fifth joint inventor, if any (Given Name) (Middle Initial or Name) Family (Or Last Name) Inventor's signature Country of Citizenship Date Residence ___ Post Office Address Full name of sixth joint inventor, if any (Middle Initial or Name) (Given Name) Family (Or Last Name) Inventor's signature Country of Citizenship _____ Residence ___ Post Office Address _____

(Added Page to Combined Declaration and Power of Attorney for Signature by Fourth and Subsequent Inventors page 1 of 1) 1-2

(check proper box(es) for any of the following added page(s) that form a part of this declaration)

[X]	Signature for fourth and subsequent joint inventors. Number of pages added ONE	
	* * *	
[]	Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added	
	** ** *	
[]	Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 C.F.R. Section 1.47. Number of pages added	
	* * *	
[]	Added page for signature by one joint inventor on behalf of deceased inventor(s) where lega representative cannot be appointed in time. (37 C.F.R. Section 1.47)	
	* * *	
[]	Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application.	
	[] Number of pages added	
	* * *	
[]	Authorization of practitioner(s) to accept and follow instructions from representative:	
	(If no further pages form a part of this Declaration, then end this Declaration with this page and check the following item)	
	[] This declaration ends with this page.	

(Declaration and Power of Atterney--page 8 of 8) 1-1

TUDUR SUBBLA NA STS STE 8020

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